

County: Grant
SOUTHWEST HEALTH CENTER NURSING HOME
808 SOUTH WASHINGTON STREET

Facility ID: 8620

Page 1

CUBA CITY 53807 Phone: (608) 744-2161
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/01): 94
Total Licensed Bed Capacity (12/31/01): 94
Number of Residents on 12/31/01: 86

Ownership:
Highest Level License: Non-Profit Corporation
Operate in Conjunction with CBRF? Skilled
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 82

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.2
Supp. Home Care-Personal Care	No					1 - 4 Years		30.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years		32.6
Day Services	No	Mental Illness (Org./Psy)	9.3	65 - 74	1.2			-----
Respite Care	Yes	Mental Illness (Other)	16.3	75 - 84	36.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	1.2	85 - 94	53.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.7	95 & Over	7.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.8		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	23.3	65 & Over	97.7	-----		
Transportation	No	Cerebrovascular	3.5		-----	RNs		10.8
Referral Service	No	Diabetes	9.3	Sex	%	LPNs		6.5
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.9	Male	25.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	3	5.6	128	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.5
Skilled Care	5	100.0	151	48	88.9	110	0	0.0	0	24	88.9	135	0	0.0	0	0	0.0	0	77	89.5
Intermediate	---	---	---	3	5.6	92	0	0.0	0	3	11.1	116	0	0.0	0	0	0.0	0	6	7.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		54	100.0		0	0.0		27	100.0		0	0.0		0	0.0		86	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	17.5	Daily Living (ADL)	Independent			
Private Home/With Home Health	5.0	Bathing	0.0	74.4	25.6	86
Other Nursing Homes	1.3	Dressing	11.6	65.1	23.3	86
Acute Care Hospitals	70.0	Transferring	27.9	53.5	18.6	86
Psych. Hosp.-MR/DD Facilities	6.3	Toilet Use	23.3	54.7	22.1	86
Rehabilitation Hospitals	0.0	Eating	81.4	11.6	7.0	86
Other Locations	0.0	*****				
Total Number of Admissions	80	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.8	Receiving Respiratory Care		12.8
Private Home/No Home Health	28.8	Occ/Freq. Incontinent of Bladder	60.5	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	15.1	Occ/Freq. Incontinent of Bowel	46.5	Receiving Suctioning		0.0
Other Nursing Homes	4.1			Receiving Ostomy Care		2.3
Acute Care Hospitals	9.6	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	1.4	Physically Restrained	3.5	Receiving Mechanically Altered Diets		9.3
Rehabilitation Hospitals	0.0					
Other Locations	2.7	Skin Care		Other Resident Characteristics		
Deaths	38.4	With Pressure Sores	0.0	Have Advance Directives		73.3
Total Number of Discharges		With Rashes	8.1	Medications		
(Including Deaths)	73			Receiving Psychoactive Drugs		62.8

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87.2	88.1	0.99	84.6	1.03
Current Residents from In-County	60.5	83.9	0.72	77.0	0.79
Admissions from In-County, Still Residing	25.0	14.8	1.69	20.8	1.20
Admissions/Average Daily Census	97.6	202.6	0.48	128.9	0.76
Discharges/Average Daily Census	89.0	203.2	0.44	130.0	0.68
Discharges To Private Residence/Average Daily Census	39.0	106.2	0.37	52.8	0.74
Residents Receiving Skilled Care	93.0	92.9	1.00	85.3	1.09
Residents Aged 65 and Older	97.7	91.2	1.07	87.5	1.12
Title 19 (Medicaid) Funded Residents	62.8	66.3	0.95	68.7	0.91
Private Pay Funded Residents	31.4	22.9	1.37	22.0	1.43
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	25.6	31.3	0.82	33.8	0.76
General Medical Service Residents	20.9	20.4	1.03	19.4	1.08
Impaired ADL (Mean)*	45.3	49.9	0.91	49.3	0.92
Psychological Problems	62.8	53.6	1.17	51.9	1.21
Nursing Care Required (Mean)*	4.1	7.9	0.51	7.3	0.55